State of West Virginia

WV Office of Miners' Health, Safety & Training
Greg Norman, Director
Hillcrest Office Park
#7 Players Club Drive – Suite 2
Charleston, WV 25311-1626
Telephone 304-558-1425 • Fax 304-558-1282
www.wvminesafety.org

2018 PACKET FOR EXTENSION RENEWAL
OF UNDERGROUND AND SURFACE CERTIFICATE OF APPROVAL

To: All WV Underground and Surface Mine Operations
From: Greg Norman, Director \( \text{GN} \)
Subject: 2018 Extension Renewal of Certificate of Approval

This packet contains the necessary forms and application for the \textbf{2018 EXTENSION RENEWAL} of your \textbf{CERTIFICATE OF APPROVAL}.

In accordance with WV Code 22A-2-63(e), annual extensions for all mining permits and certificates of approval are due within thirty (30) days after the first day of January of each year. Each mine operator, applying for an extension of a permit, shall be granted a permit as a matter of right for a fee of one hundred dollars ($100.00). However, at the time such application is made, the permit holder must be in compliance with WV Code 22A-2-77, and must have also paid or otherwise appealed all coal mine penalty assessments.

In addition, compliance with Unemployment Compensation, Division of Labor, and a current approved Comprehensive Mine Safety Program must be maintained. Proof of Workers’ Compensation policy coverage must be provided.

The required application forms for the above referenced extensions are attached to this memo. For your convenience, the WV Office of Miners’ Health, Safety and Training has the applications as fillable forms that can be completed and printed or you can download a copy. Go to \url{www.wvminesafety.org/mineforms.htm} look for 2018 Extension Renewal for Underground and Surface Mine Operations. Your extension renewal fee and any coal mine penalty assessments can be paid electronically at \url{www.wvminesafety.org/epay.htm}

The enclosed application, general information form, owners/officers form must be completed in their entirety, including the signature of a company officer and returned with a check or money order in the amount of $100.00 per renewal to your WVMHST Regional Office (office addresses listed below). Incomplete applications will cause a delay in your 2018 extension renewal.

All applications must be postmarked no later than January 31, 2018. Please direct any questions concerning the renewal process to your regional WV Office of Miner's Health, Safety and Training.
West Virginia Office of Miners’ Health Safety & Training
Application for
2018 EXTENSION OF CERTIFICATE OF APPROVAL

Pursuant to WV Code 22A-2-63(e), the applicant listed below requests the WV Office of Miners’ Health, Safety and Training to extend the Certificate of Approval for the permit listed below for an additional year.

Company: __________________________________________
Address ____________________________________________

Is this a new mailing address? __________________________ WV Permit Number: __________________________
Co. Telephone No: ________________________________ Mine Telephone No: __________________________
E-Mail address: ________________________________ Is this a new e-mail address? __________________________

Type of CERTIFICATE OF APPROVAL to be extended:

$100.00 NON-REFUNDABLE Permit Renewal Fee

Payment:

( ) Underground Mine DMM-60
( ) Surface Mine DMM-60S
( ) Underground Production Contractor DMM-60B
( ) Surface Production Contractor DMM-60SB

No permit fee required for Coal Handling Facility (please complete General Information Form)

Signature (must be an owner, partner, LLC member or corporate officer) __________________________ Date __________

Printed name of Company Official Signature __________________________

MHST Office Use ONLY:

_____ Applicant Extension Fee Paid
_____ Applicant Extension Form(s) Complete
_____ Applicant Assessments Paid /Appealed
_____ Applicant Quarterly Production Reports Filed
_____ Comprehensive Mine Safety Program Anniversary Date __________________________
_____ LOOKBLOCK
_____ Workers’ Compensation Compliance
_____ Bureau of Employment Programs Compliance

Complete this form, general information form, owners/officers form, labor services information form and return with your extension fee to your regional office.

REGION I
WV MHST
14 Commerce Drive, Suite 1
Westover, WV 26501
(304) 285-3268

REGION II
WV MHST
830 Virginia Ave.
Welch, WV 24801
(304) 436-8421

REGION III
WV MHST
137 Peach Court, Suite 2
Danville, WV 25053
(304) 369-7823

REGION IV
WV MHST
550 Industrial Drive
Oak Hill, WV 25901
(304) 469-8100

Revised 10/2016
West Virginia Office of Miners’ Health Safety & Training

2018 GENERAL INFORMATION FORM

Select Type of Operation:
_____ UNDERGROUND COAL MINE  _____ SURFACE COAL MINE  _____ COAL HANDLING FACILITY  _____ QUARRY

All Applicants must complete the following sections

<table>
<thead>
<tr>
<th>WV Permit No.</th>
<th>MSHA ID No.</th>
<th>FEIN No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name</td>
<td>Mine/Facility Name</td>
<td></td>
</tr>
<tr>
<td>Mailing Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td></td>
<td>State:</td>
</tr>
<tr>
<td>County(s):</td>
<td>Location:</td>
<td></td>
</tr>
<tr>
<td>Latitude:</td>
<td>Longitude:</td>
<td>Quadrangle:</td>
</tr>
<tr>
<td>No. of Shifts:</td>
<td>Working Status:</td>
<td></td>
</tr>
<tr>
<td>Company Phone:</td>
<td>Mine/Facility Phone:</td>
<td></td>
</tr>
<tr>
<td>Name of Company Contact:</td>
<td>Title:</td>
<td></td>
</tr>
<tr>
<td>Superintendent:</td>
<td>Foreman:</td>
<td></td>
</tr>
<tr>
<td>Certified Person Responsible for Training:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miners’ Representative (if applicable):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WV Workers Comp. Policy No.:</td>
<td>Effective Date:</td>
<td>Company Registered with WV Sec. of State? Y - N</td>
</tr>
</tbody>
</table>

Assessment Contact Officer and Assessment Mailing Address: (assessments will be mailed to this address unless otherwise notified)

| Name: | Title: | Phone: |
| Address: | City: | ST: | Zip: |
| Email Address: |

Underground and Surface Coal Mine Applicants must complete the following section

| Name of Reclamation Permit Holder: | DMM60B: Y/N |
| If Production Contractor (DMM60-B) Provide Name of Company and Permit Number: |
| Responsible for Reporting Tonnage: Y/N |
| Seam(s) Being Mined: | Thickness: |

Underground Coal Mine Applicants must complete the following section (circle mine type)

| Mine Type: Shaft | Slope | Drift | Combination | No. of Sections: |
| Mining Direction (advance or retreat): | Roof bolt - Type and Size: | Inside Haulage Type: |
| Mine Rescue Services provided by (required by 22-1A-33): |

Surface Coal Mine Applicants must complete the following section (circle operation type)

| Operation Type: Contour | Open Pit | Mt. Top Removal | Auger | Highwall | Other |
| No. of Acres: | Does this Operation Use High Voltage Electrical Equipment Y/N |

Coal Handling Facility Applicants must complete the following section (circle facility type) – No $100 Permit Fee Required for Coal Handling

| Facility Type: Load out | Tipple | Prep Plant | Cleaning Plant | River Dock | Other |
| Type of Haulage into facility: | Type of Haulage out of Facility: |
| No. of Employees: | Operating Days: | Employee Hrs. Worked Per Month: |

Quarry Applicants must complete the following section

| Mineral(s) Produced: | Geological Formation: |
| No. of Sections: |

Email Address Information: (Use additional sheet if necessary to include all emails for person you want listed)

| Email Address of Company Representative: |
| Email Address of Safety Department Contact: |
| We are asking for this information so that we can send electronic mailings, safety notices, regulations, etc. |

_________________________ Title ___________________________ Date ___________________________

Signature (must be an owner, partner, LLC member or corporate officer)
West Virginia Office of Miners’ Health Safety & Training
2018 EXTENSION RENEWAL
OWNERS – OFFICERS FORM

WV PERMIT NO. ____________________

In accordance with the Federal Privacy Act, 5 USC 552a, and 1974 addendum Public Law 93-579 7(b), please provide the names, titles and social security numbers of every officer, partner, resident agent, director, or person performing a function similar to a director, together with the names and titles of any person owning of record ten percent (10%) or more of any class of voting stock of the applicant: (use attachments as necessary).  PLEASE NOTE: WE NOW ASK FOR THE LAST FOUR (4) DIGITS OF SOCIAL SECURITY NUMBERS. THIS INFORMATION IS REQUIRED FOR IDENTIFICATION PURPOSES FOR OUR PERMIT ISSUANCE SYSTEM. THIS INFORMATION IS REQUIRED.

AGENT:

Name__________________________________________________  Last four digits of SSN: xxx-xx-________________________

Address ________________________________________________________________________________________________

Telephone No. ____________________________  E-mail Address: _________________________________________

OWNERS / OFFICERS

Please list ALL company officers  
(Must be an owner, partner, LLC member or corporate officer)

<table>
<thead>
<tr>
<th>First Name</th>
<th>MI</th>
<th>Last Name</th>
<th>Last four digits of SSN:</th>
<th>Title</th>
<th>Start/End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td>xxx-xx- ______________</td>
<td></td>
<td>_____________</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td>xxx-xx- ______________</td>
<td></td>
<td>_____________</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td>xxx-xx- ______________</td>
<td></td>
<td>_____________</td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td>xxx-xx- ______________</td>
<td></td>
<td>_____________</td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td>xxx-xx- ______________</td>
<td></td>
<td>_____________</td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td>xxx-xx- ______________</td>
<td></td>
<td>_____________</td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td>xxx-xx- ______________</td>
<td></td>
<td>_____________</td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td>xxx-xx- ______________</td>
<td></td>
<td>_____________</td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td>xxx-xx- ______________</td>
<td></td>
<td>_____________</td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
<td>xxx-xx- ______________</td>
<td></td>
<td>_____________</td>
</tr>
</tbody>
</table>

(If additional owners/officers are to be listed, use additional sheet(s)).

Do Not Write Below This Line

Miners’ Health, Safety and Training use only:

Company ID ____________  File Updated ____________  Incomplete __________

---

REVISED 10/2016
If your company will be conducting Mine Employee Labor Services, please complete the information for our records, whether you use employee labor services, or whether you provide employee labor services.

Company Name: _____________________________  WV Permit: _____________________________

DBA: _____________________________

(Y / N) ______ COMPANY PROVIDES OR USES EMPLOYEE LABOR SERVICES (if yes, complete the rest of this form)

Employee Labor Services:

Please list below the type of services you or your employees will be conducting: (BE SPECIFIC)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

If you PROVIDE mine employee labor services to another company, please list the company name and mine site in West Virginia where your employees will be performing services: (Use reverse of form if necessary)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

If you USE mine employee labor services from another company, please list the company name in West Virginia, address, phone number, permit number, and contact person: (Use reverse of form if necessary)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature (must be an owner, partner, LLC member or corporate officer)  Date

Printed name of Company Official  Telephone Number

REVISED 1/2018